

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Dosils, Inc.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA Dosil's Scuba & Surf	
3. Debtor's federal Employer Identification Number (EIN)	22-3771246	
4. Debtor's address	Principal place of business 261 Highway 36 Middletown, NJ 07748 Number, Street, City, State & ZIP Code Monmouth County	Mailing address, if different from principal place of business Julie Dosil 106 Half Moon Circle Unit D1 Hypoluxo, FL 33462 P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	www.dosils.com	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **Dosils, Inc.**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

4511**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Dosils, Inc.** Case number (if known) _____
Name

11. Why is the case filed in this district? *Check all that apply:*
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** *(Check all that apply.)*
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **Dosils, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **1/22/2021**
MM / DD / YYYY

X /s/ Julie Dosil
Signature of authorized representative of debtor

Title **Vice President**

Julie Dosil
Printed name

18. Signature of attorney

X /s/ Warren Brumel, Esq.
Signature of attorney for debtor

Date **1/22/2021**
MM / DD / YYYY

Warren Brumel, Esq.
Printed name

Warren Brumel
Firm name

**65 Main Street
PO Box 181
Keyport, NJ 07735**
Number, Street, City, State & ZIP Code

Contact phone **732-264-3400**

Email address **wbrumel@keyportlaw.com**

018191980 NJ
Bar number and State

Fill in this information to identify the case:

Debtor name Dosils, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1/22/2021

X /s/ Julie Dosil

Signature of individual signing on behalf of debtor

Julie Dosil

Printed name

Vice President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Dosils, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**
Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**
Copy line 91A from *Schedule A/B*..... \$ **14,154.24**

1c. **Total of all property:**
Copy line 92 from *Schedule A/B*..... \$ **14,154.24**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)
Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **12,693.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**
Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **129,307.19**

4. **Total liabilities**
Lines 2 + 3a + 3b \$ **142,000.19**

Fill in this information to identify the case:

Debtor name **Dosils, Inc.**United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B**
Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Santander****business checking****9465****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **utility security deposit held by Jersey Central Power & Light, subject to offset****\$1,820.00****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$1,820.00

Debtor **Dosils, Inc.** Case number (If known) _____
Name

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies retail inventory as per attached	10/28/2020	\$0.00	Recent cost	\$12,334.24

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$12,334.24

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.

Debtor **Dosils, Inc.** Case number (If known) _____
Name

☐ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures misc fixtures - 40 yrs old	\$0.00		\$0.00
41.	Office equipment, including all computer equipment and communication systems equipment and software filing cabinets, fax machine/printer, 2 old desktop computers	\$250.00	Liquidation	\$0.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **Dosils, Inc.** Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,820.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$12,334.24	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$14,154.24	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$14,154.24

Fill in this information to identify the case:

Debtor name **Dosils, Inc.**

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **Dosils, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Alexis O'Reilly Unknown Date or dates debt was incurred 02/19/2020 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$440.00	\$440.00
2.2	Priority creditor's name and mailing address Alison Kelly 163 Delaware Avenue Atlantic Highlands, NJ 07716 Date or dates debt was incurred 03/02/22020 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Deosit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.00	\$280.00

Debtor	Dosils, Inc. Name	Case number (if known)
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2.3	Priority creditor's name and mailing address Alison Sheehy 11 The Vista Middletown, NJ 07748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$215.00	\$215.00
-----	--	--	-----------------	-----------------

Date or dates debt was incurred 02/26/20	Basis for the claim: Deposit
--	--

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

2.4	Priority creditor's name and mailing address Allison Cea 10 Ivins Place Rumson, NJ 07760	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$107.50	\$107.50
-----	--	--	-----------------	-----------------

Date or dates debt was incurred 3/6/2020	Basis for the claim: Deposit
--	--

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

2.5	Priority creditor's name and mailing address Amanda Mammolito 5 Mackenn Place Port Monmouth, NJ 07758	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$490.00	\$490.00
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Date or dates debt was incurred 0227/2020	Basis for the claim: Deposit
---	--

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.6	Priority creditor's name and mailing address Betsy Toal 16 Dartmouth Drive Hazlet, NJ 07730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$80.00	\$80.00
-----	---	--	----------------	----------------

Date or dates debt was incurred 09/24/2019	Basis for the claim: Deposit
--	--

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Dosils, Inc. <small>Name</small>	Case number (if known) _____
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2.7	Priority creditor's name and mailing address Cara Horner Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$200.00	\$200.00
Date or dates debt was incurred 01/08/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Chengeei Shen 53 Damasc Drive Marlboro, NJ 07746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$200.00	\$200.00
Date or dates debt was incurred		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address Chiew Kaw & Lifang Du Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$165.00	\$165.00
Date or dates debt was incurred 12/20/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address Christina Figueroa Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$200.00	\$200.00
Date or dates debt was incurred 02/12/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dosils, Inc. <small>Name</small>	Case number (if known) _____
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2.11	Priority creditor's name and mailing address Christy Scalia Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$40.00	\$40.00
Date or dates debt was incurred 01/08/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Courtney Schellhorn 114 Tallwood Lane Lincroft, NJ 07738	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$80.00	\$80.00
Date or dates debt was incurred 01/17/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Danielle Cherece Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$320.00	\$320.00
Date or dates debt was incurred 03/13/20		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Danielle Sullivan Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$320.00	\$320.00
Date or dates debt was incurred 03/09/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dosils, Inc. <small>Name</small>		Case number (if known)
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2.15	Priority creditor's name and mailing address Danielle Zimkus 1506 Maple Avenue Asbury Park, NJ 07712	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$200.00	\$200.00
	Date or dates debt was incurred 01/31/2020	Basis for the claim: Deposit		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Deirdre Cesario 47 Appleton Drive Hazlet, NJ 07730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$239.00	\$239.00
	Date or dates debt was incurred	Basis for the claim: Deposit		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Denise Lombardi Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$200.00	\$200.00
	Date or dates debt was incurred 1/27/20	Basis for the claim: Deposit		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Dianne Russo 12 Carolina Avenue Port Monmouth, NJ 07758	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$320.00	\$320.00
	Date or dates debt was incurred 03/06/2020	Basis for the claim: Depsoit		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dosils, Inc. Name	Case number (if known)
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2.19	Priority creditor's name and mailing address Elizabeth Toal 16 Dartmouth Drive Hazlet, NJ 07730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$215.00	\$215.00
Date or dates debt was incurred 02/27/220		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Emily Ruane 2 Ward Place Middletown, NJ 07748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$185.00	\$185.00
Date or dates debt was incurred 01/03/20		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Gina Leitau 7 Sophia Court Middletown, NJ 07748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$200.00	\$200.00
Date or dates debt was incurred 01/28/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Irena Evelich 342 Shore Drive Highlands, NJ 07732	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$215.00	\$215.00
Date or dates debt was incurred 3/4/20		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dosils, Inc. Name	Case number (if known)
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2.23	Priority creditor's name and mailing address James Snevily 66 Washington Street Rumson, NJ 07760	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$215.00	\$215.00
	Date or dates debt was incurred 3/2/2020	Basis for the claim: Deposit		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Jeanine Jhanjee 38 Takolusa Drive Hazlet, NJ 07730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$160.00	\$160.00
	Date or dates debt was incurred 02/11/2020	Basis for the claim: Deposit		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Jenn McCann Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$200.00	\$200.00
	Date or dates debt was incurred 2/18/2020	Basis for the claim: Deposit		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address John Caspi Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$40.00	\$40.00
	Date or dates debt was incurred 01/11/2020	Basis for the claim: Deposit		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dosils, Inc. Name	Case number (if known)
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2.27	Priority creditor's name and mailing address Julia Coppola 48 Hawthorne Avenue Hazlet, NJ 07730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$185.00	\$185.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.28	Priority creditor's name and mailing address Kaitlin Reynolds 118 Lexington Avenue Fair Haven, NJ 07704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$170.00	\$170.00
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Date or dates debt was incurred 02/24/2020 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.29	Priority creditor's name and mailing address Kathleen Servidio Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$120.00	\$120.00
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Date or dates debt was incurred Last 4 digits of account number 2020 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.30	Priority creditor's name and mailing address Katja Abegg 484 Landing St Lumberton, NJ 08048	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$515.00	\$515.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Dosils, Inc. Name	Case number (if known)
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2.31	Priority creditor's name and mailing address Kazita Patel Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$160.00	\$160.00
Date or dates debt was incurred 02/17/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address Kimberly Rose 149 Wilson Avenue Port Monmouth, NJ 07758	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$250.00	\$250.00
Date or dates debt was incurred 012/14/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address Krista Kelly Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$249.00	\$249.00
Date or dates debt was incurred		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address Kyle Acquavella 89 Maple Avenue Keyport, NJ 07735	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$200.00	\$200.00
Date or dates debt was incurred 02/02/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dosils, Inc. Name	Case number (if known)
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2.35	Priority creditor's name and mailing address Liam Hayes 365 East End Avenue Belford, NJ 07718	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$215.00	\$215.00
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Date or dates debt was incurred 02/27/20	Basis for the claim: Deposit
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.36	Priority creditor's name and mailing address Linda Taylor 220 Seaview Avenue South Amboy, NJ 08879	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$240.00	\$240.00
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Date or dates debt was incurred 03/16/2020	Basis for the claim: Deposit
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.37	Priority creditor's name and mailing address Manhdan Kaczynsky 19 Angelica Court Matawan, NJ 07747	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$280.00	\$280.00
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Date or dates debt was incurred 03/04/2020	Basis for the claim: Deposit
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.38	Priority creditor's name and mailing address Marco Albrecht 6 White Rock Terrace Holmdel, NJ 07733	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$330.00	\$330.00
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Date or dates debt was incurred	Basis for the claim: Deposit
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Dosils, Inc. Name	Case number (if known)
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2.39	Priority creditor's name and mailing address Mark Weaver 47 Compton Avenue Keansburg, NJ 07734	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$280.00	\$280.00
Date or dates debt was incurred 03/03/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.40	Priority creditor's name and mailing address Mason Creekmore 173 Kemp Avenue Fair Haven, NJ 07704	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$185.00	\$185.00
Date or dates debt was incurred 01/15/2020		Basis for the claim: deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.41	Priority creditor's name and mailing address Megan O'Donnell Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$320.00	\$320.00
Date or dates debt was incurred 02/25/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.42	Priority creditor's name and mailing address Melissa Arrivillaga Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$40.00	\$40.00
Date or dates debt was incurred 01/08/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dosils, Inc. Name	Case number (if known)
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2.43	Priority creditor's name and mailing address Michelle Gagneron Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$240.00	\$240.00
Date or dates debt was incurred 03/02/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address Michelle Meehan 20 Foxwood Run Middletown, NJ 07748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$280.00	\$280.00
Date or dates debt was incurred 02/10/20		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address Mirona Opoka Mensah Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$320.00	\$320.00
Date or dates debt was incurred 03/10/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address Neerag Bhatt 34 Hunters Point Middletown, NJ 07748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$120.00	\$120.00
Date or dates debt was incurred 02/18/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dosils, Inc. Name	Case number (if known)
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2.47	Priority creditor's name and mailing address Philip Saxena Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$280.00	\$280.00
Date or dates debt was incurred 02/19/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.48	Priority creditor's name and mailing address Raina Graham Unknown	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$480.00	\$480.00
Date or dates debt was incurred 02/06/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.49	Priority creditor's name and mailing address Sean Tyler 2 Sanders Drive Middletown, NJ 07748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$120.00	\$120.00
Date or dates debt was incurred 01/31/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.50	Priority creditor's name and mailing address Sean Walsh 17 Baskenridge Drive Middletown, NJ 07748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$80.00	\$80.00
Date or dates debt was incurred 01/27/2020		Basis for the claim: Deposit		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Dosils, Inc. Name	Case number (if known)
2.51	Priority creditor's name and mailing address Sulabh Saxena 3 Baydre Cir Middletown, NJ 07748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$320.00 \$320.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.52	Priority creditor's name and mailing address Susan Viston 10 Packard Drive Middletown, NJ 07748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$215.00 \$215.00
	Date or dates debt was incurred 02/27/20 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.53	Priority creditor's name and mailing address Tara Amores 169 Ueland Road Red Bank, NJ 07701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$165.00 \$165.00
	Date or dates debt was incurred 02/10/2020 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.54	Priority creditor's name and mailing address Tara Salomone 24 Florence Avenue Leonardo, NJ 07737	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$240.00 \$240.00
	Date or dates debt was incurred 02/19/2020 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Basis for the claim: Deposit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Dosils, Inc. Name	Case number (if known)
2.55	Priority creditor's name and mailing address Trish Infantino 8 Stanford Drive Hazlet, NJ 07730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	\$300.00	\$300.00
	Date or dates debt was incurred 03/04/2020	Basis for the claim: Deposit
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.56	Priority creditor's name and mailing address Valerie Rosaly 3 Roberts Road Hazlet, NJ 07730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	\$107.50	\$107.50
	Date or dates debt was incurred 01/123/20	Basis for the claim: Deposit
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.57	Priority creditor's name and mailing address Wendy Simon 12 Wilson Avenue Port Monmouth, NJ 07758	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	\$160.00	\$160.00
	Date or dates debt was incurred 02/18/2020	Basis for the claim: Deposit
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (Z)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address ADP PO Box 842875 Boston, MA 02284-2875 Date(s) debt was incurred ____ Last 4 digits of account number <u>2488</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$264.50
3.2	Nonpriority creditor's name and mailing address Air & Gas Technologies 42 Industrial Drive Cliffwood Beach, NJ 07735 Date(s) debt was incurred ____ Last 4 digits of account number <u>7605</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$370.52

Debtor	Dosils, Inc. Name _____	Case number (if known) _____
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3.3	Nonpriority creditor's name and mailing address American Express Amazon Business Prime PO Box 981535 El Paso, TX 79998-1535 Date(s) debt was incurred _____ Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,372.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.4	Nonpriority creditor's name and mailing address Anthony T. Sonatore, Jr. One Argonne Place Middletown, NJ 07748-5100 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,925.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services - accountant</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address Aqualung 2340 Cousteau Court Vista, CA 92081 Date(s) debt was incurred _____ Last 4 digits of account number <u>4540</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$735.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address Black Bear Lake 457 Stage Coach Road Millstone Township, NJ 08510 Date(s) debt was incurred _____ Last 4 digits of account number <u>2464</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,550.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>deposit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address Chase PO Box 15298 Att: Bankruptcy Dept Wilmington, DE 19850-5298 Date(s) debt was incurred _____ Last 4 digits of account number <u>5131</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,063.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address Chase PO Box 15298 Att: Bankruptcy Dept Wilmington, DE 19850-5298 Date(s) debt was incurred _____ Last 4 digits of account number <u>6587</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address Chase Business Ink PO Box 15298 Wilmington, DE 19850-5298 Date(s) debt was incurred _____ Last 4 digits of account number <u>2165</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,326.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Dosils, Inc. Name _____	Case number (if known) _____
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3.10	Nonpriority creditor's name and mailing address Comcast Business PO Box 211008 Saint Paul, MN 55121-2408 Date(s) debt was incurred _____ Last 4 digits of account number <u>7286</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$574.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Cressi USA 3 Rosol Lane Saddle Brook, NJ 07663 Date(s) debt was incurred _____ Last 4 digits of account number <u>0689</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$186.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address Direct Energy Business 1001 Liberty Avenue Pittsburgh, PA 15222 Date(s) debt was incurred _____ Last 4 digits of account number <u>9109</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,105.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Julie Dosil 106 Half Moon Cir Unit D-1 Lake Worth, FL 33462 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loans/advances to debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Estate of William J. Laggy 139 Twin Brooks Ave Middletown, NJ 07748 Date(s) debt was incurred <u>3/2008</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38,457.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address First Insurance Funding 450 Skokie Blvd Ste 1000 Northbrook, IL 60062-7917 Date(s) debt was incurred _____ Last 4 digits of account number <u>0912</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$318.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Global Payments 2578 W 600 N Lindon, UT 84042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,955.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Dosils, Inc. Name _____	Case number (if known) _____
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3.17	Nonpriority creditor's name and mailing address Jaco Enterprises, Inc. PO Box 22084 Phoenix, AZ 85028 Date(s) debt was incurred _____ Last 4 digits of account number <u>2398</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$101.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address JCP&L 76 S. Main Street A-RPC Akron, OH 44308-1890 Date(s) debt was incurred _____ Last 4 digits of account number <u>0970</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,175.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address National Dust Control 200 Blackford Avenue Middlesex, NJ 08846-2599 Date(s) debt was incurred _____ Last 4 digits of account number <u>7584</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$275.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address New Jersey American Water PO Box 91623 Rantoul, IL 61866-8623 Date(s) debt was incurred _____ Last 4 digits of account number <u>5878</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$140.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address New Jersey Natural Gas 1415 Wyckoff Road PO Box 1464 Wall, NJ 07719 Date(s) debt was incurred _____ Last 4 digits of account number <u>0011</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$184.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address PNC Bank PO Box 747032 Pittsburgh, PA 15274-7032 Date(s) debt was incurred _____ Last 4 digits of account number <u>6820</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,696.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address Santander Bank PO Box 12707 Reading, PA 19612-2707 Date(s) debt was incurred _____ Last 4 digits of account number <u>9098</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,967.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Dosils, Inc.** Case number (if known) _____
Name

3.24 Nonpriority creditor's name and mailing address **Scuba Optics**
1405 8th Avenue
Rock Falls, IL 61071
Date(s) debt was incurred _____
Last 4 digits of account number **0193**

As of the petition filing date, the claim is: *Check all that apply.* **\$270.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Credit**
Is the claim subject to offset? ☒ No ☐ Yes

3.25 Nonpriority creditor's name and mailing address **The Connection**
51 Village Court
Hazlet, NJ 07730
Date(s) debt was incurred _____
Last 4 digits of account number **dosils**

As of the petition filing date, the claim is: *Check all that apply.* **\$250.19**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Services**
Is the claim subject to offset? ☒ No ☐ Yes

3.26 Nonpriority creditor's name and mailing address **Tomar Industries**
PO Box 36
Adelphia, NJ 07710-0036
Date(s) debt was incurred _____
Last 4 digits of account number **2635**

As of the petition filing date, the claim is: *Check all that apply.* **\$39.77**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Expenses**
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Altus Receivables Managment 2400 Veterans Memoial Blvd Suite 300 Kenner, LA 70062	Line 3.17 <input type="checkbox"/> Not listed. Explain _____	1554
4.2	Anthony T. Sonatore, Jr. CPA 29 Millbrook Dr Middletown, NJ 07748	Line 3.4 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Lyon Collection Services, Inc. 7924 West Sahara Avenue Las Vegas, NV 89117	Line 3.1 <input type="checkbox"/> Not listed. Explain _____	2488
4.4	McCarthy, Burgess & Wolff 26000 Cannon Rd Bedford, OH 44146	Line 3.10 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	\$ 12,693.00
5b. Total claims from Part 2	\$ 129,307.19
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$ 142,000.19

Fill in this information to identify the case:

Debtor name Dosils, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name Dosils, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Dosils, Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For prior year:
From **1/01/2020** to **12/31/2020**

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$103,563.95

For year before that:
From **1/01/2019** to **12/31/2019**

☒ Operating a business
☐ Other _____

\$487,061.00

For the fiscal year:
From **1/01/2018** to **12/31/2018**

☒ Operating a business
☐ Other _____

\$508,609.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **Dosils, Inc.**

Case number (if known)

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Debtor **Dosils, Inc.** Case number (if known) _____

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Dates of loss	Value of property lost

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Warren Brumel 65 Main Street PO Box 181 Keyport, NJ 07735	Attorney Fees	9/23/2020	\$3,500.00
Email or website address wbrumel@keyportlaw.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

Debtor **Dosils, Inc.**

Case number (if known) _____

- diagnosing or treating injury, deformity, or disease, or
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Santander Middletown, NJ 07748	XXXX-9465	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	10/31/2020	\$0.00
18.2.	Santander Middletown, NJ 07748	XXXX-9550	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	4/2020	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Dosils, Inc.**

Case number (if known) _____

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Garage 725 4th St Union Beach, NJ 07735	Julie Dosil David Dosil	inventory, equipment, supplies	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

Debtor **Dosils, Inc.** Case number (if known) _____

☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Anthony T. Sonotore, Jr. CPA 29 Millbrook Dr Middletown, NJ 07748-2214	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Julie Dosil 106 Half Moon Circle Unit D-1 Hypoluxo, FL 33462	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
David Dosil	57 Huddy Ave Highlands, NJ 07732	president, board member, shareholder	50%
Name	Address	Position and nature of any interest	% of interest, if any
Julie Dosil	106 Half Moon Cir Unit D1 Hypoluxo, FL 33462	vice-president, director, shareholder	50%

Debtor Dosils, Inc. Case number (if known) _____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1/22/2021

/s/ Julie Dosil
 Signature of individual signing on behalf of the debtor

Julie Dosil
 Printed name

Position or relationship to debtor Vice President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of New Jersey**

In re **Dosils, Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	3,500.00
Prior to the filing of this statement I have received	\$	3,500.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other motions or adversary proceeding. Proceedings with respect to reaffirmation agreements and any post-Meeting of Creditors proceedings.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

1/22/2021

Date

/s/ Warren Brumel, Esq.

Warren Brumel, Esq.

Signature of Attorney

Warren Brumel

65 Main Street

PO Box 181

Keyport, NJ 07735

732-264-3400 Fax: 732-264-5797

wbrumel@keyportlaw.com

Name of law firm

**United States Bankruptcy Court
District of New Jersey**

In re **Dosils, Inc.** Debtor(s) Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

I, the Vice President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **1/22/2021** **/s/ Julie Dosil**
Julie Dosil/Vice President
Signer/Title

ADP
PO Box 842875
Boston, MA 02284-2875

Air & Gas Technologies
42 Industrial Drive
Cliffwood Beach, NJ 07735

Alexis O'Reilly
Unknown

Alison Kelly
163 Delaware Avenue
Atlantic Highlands, NJ 07716

Alison Sheehy
11 The Vista
Middletown, NJ 07748

Allison Cea
10 Ivins Place
Rumson, NJ 07760

Altus Receivables Managment
2400 Veterans Memoial Blvd
Suite 300
Kenner, LA 70062

Amanda Mammolito
5 Mackenn Place
Port Monmouth, NJ 07758

American Express Amazon Business Prime
PO Box 981535
El Paso, TX 79998-1535

Anthony T. Sonatore, Jr.
One Argonne Place
Middletown, NJ 07748-5100

Anthony T. Sonatore, Jr. CPA
29 Millbrook Dr
Middletown, NJ 07748

Aqualung
2340 Cousteau Court
Vista, CA 92081

Betsy Toal
16 Dartmouth Drive
Hazlet, NJ 07730

Black Bear Lake
457 Stage Coach Road
Millstone Township, NJ 08510

Cara Horner
Unknown

Chase
PO Box 15298
Att: Bankruptcy Dept
Wilmington, DE 19850-5298

Chase Business Ink
PO Box 15298
Wilmington, DE 19850-5298

Chengeei Shen
53 Damasc Drive
Marlboro, NJ 07746

Chiew Kaw & Lifang Du
Unknown

Christina Figueroa
Unknown

Christy Scalia
Unknown

Comcast Business
PO Box 211008
Saint Paul, MN 55121-2408

Courtney Schellhorn
114 Tallwood Lane
Lincroft, NJ 07738

Cressi USA
3 Rosol Lane
Saddle Brook, NJ 07663

Danielle Cherence
Unknown

Danielle Sullivan
Unknown

Danielle Zimkus
1506 Maple Avenue
Asbury Park, NJ 07712

Deirdre Cesario
47 Appleton Drive
Hazlet, NJ 07730

Denise Lombardi
Unknown

Dianne Russo
12 Carolina Avenue
Port Monmouth, NJ 07758

Direct Energy Business
1001 Liberty Avenue
Pittsburgh, PA 15222

Julie Dosil
106 Half Moon Cir
Unit D-1
Lake Worth, FL 33462

Elizabeth Toal
16 Dartmouth Drive
Hazlet, NJ 07730

Emily Ruane
2 Ward Place
Middletown, NJ 07748

Estate of William J. Laggy
139 Twin Brooks Ave
Middletown, NJ 07748

First Insurance Funding
450 Skokie Blvd
Ste 1000
Northbrook, IL 60062-7917

Gina Leitau
7 Sophia Court
Middletown, NJ 07748

Global Payments
2578 W 600 N
Lindon, UT 84042

Irena Evelich
342 Shore Drive
Highlands, NJ 07732

Jaco Enterprises, Inc.
PO Box 22084
Phoenix, AZ 85028

James Snevily
66 Washington Street
Rumson, NJ 07760

JCP&L
76 S. Main Street
A-RPC
Akron, OH 44308-1890

Jeanine Jhanjee
38 Takolusa Drive
Hazlet, NJ 07730

Jenn McCann
Unknown

John Caspi
Unknown

Julia Coppola
48 Hawthorne Avenue
Hazlet, NJ 07730

Kaitlin Reynolds
118 Lexington Avenue
Fair Haven, NJ 07704

Kathleen Servidio
Unknown

Katja Abegg
484 Landing St
Lumberton, NJ 08048

Kazita Patel
Unknown

Kimberly Rose
149 Wilson Avenue
Port Monmouth, NJ 07758

Krista Kelly
Unknown

Kyle Acquavella
89 Maple Avenue
Keyport, NJ 07735

Liam Hayes
365 East End Avenue
Belford, NJ 07718

Linda Taylor
220 Seaview Avenue
South Amboy, NJ 08879

Lyon Collection Services, Inc.
7924 West Sahara Avenue
Las Vegas, NV 89117

Manhdan Kaczynsky
19 Angelica Coourt
Matawan, NJ 07747

Marco Albrecht
6 White Rock Terrace
Holmdel, NJ 07733

Mark Weaver
47 Compton Avenue
Keansburg, NJ 07734

Mason Creekmore
173 Kemp Avenue
Fair Haven, NJ 07704

McCarthy, Burgess & Wolff
26000 Cannon Rd
Bedford, OH 44146

Megan O'Donnell
Unknown

Melissa Arrivillaga
Unknown

Michelle Gagneron
Unknown

Michelle Meehan
20 Foxwood Run
Middletown, NJ 07748

Mirona Opoka Mensah
Unknown

National Dust Control
200 Blackford Avenue
Middlesex, NJ 08846-2599

Neerag Bhatt
34 Hunters Point
Middletown, NJ 07748

New Jersey American Water
PO Box 91623
Rantoul, IL 61866-8623

New Jersey Natural Gas
1415 Wyckoff Road
PO Box 1464
Wall, NJ 07719

Philip Saxena
Unknown

PNC Bank
PO Box 747032
Pittsburgh, PA 15274-7032

Raina Graham
Unknown

Santander Bank
PO Box 12707
Reading, PA 19612-2707

Scuba Optics
1405 8th Avenue
Rock Falls, IL 61071

Sean Tyler
2 Sanders Drive
Middletown, NJ 07748

Sean Walsh
17 Baskenridge Drive
Middletown, NJ 07748

Sulabh Saxena
3 Baydre Cir
Middletown, NJ 07748

Susan Viston
10 Packard Drive
Middletown, NJ 07748

Tara Amores
169 Ueland Road
Red Bank, NJ 07701

Tara Salomone
24 Florence Avenue
Leonardo, NJ 07737

The Connection
51 Village Court
Hazlet, NJ 07730

Tomar Industries
PO Box 36
Adelphia, NJ 07710-0036

Trish Infantino
8 Stanford Drive
Hazlet, NJ 07730

Valerie Rosaly
3 Roberts Road
Hazlet, NJ 07730

Wendy Simon
12 Wilson Avenue
Port Monmouth, NJ 07758

**United States Bankruptcy Court
District of New Jersey**

In re **Dosils, Inc.** Debtor(s) Case No. _____
Chapter **7**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Dosils, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

1/22/2021

Date

/s/ Warren Brumel, Esq.

Warren Brumel, Esq.

Signature of Attorney or Litigant
Counsel for **Dosils, Inc.**

Warren Brumel

65 Main Street

PO Box 181

Keyport, NJ 07735

732-264-3400 Fax:732-264-5797

wbrumel@keyportlaw.com